NEBRASKA
DEPARTMENT OF LABOR

# Amusement Ride Route Listing Form

**Submit form to:** 1313 Farnam, Room 233G – Omaha, NE 68102
(402) 595-3184 – Fax (402) 595-1360
ndol.amusementrides@nebraska.gov

Company Name: _____
Address: _____ City, State, Zip: _____
Owner: _____ Phone: _____ Email: _____
Contact Person: _____ Phone: _____ Email: _____

Address of **FIRST** Site Location: _____
Date of Operation (m/d/yyyy): _____ To (m/d/yyyy): _____
Date of Arrival on Lot (m/d/yyyy): _____ Requested Inspection Date (m/d/yyyy): _____

**List all Nebraska show locations in date order, earliest first.**

| Event Name | Date of Arrival | Date of Departure | City and Zip | Event Organizer Name | Event Organizer Phone Number |
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Use additional sheets as necessary and attach hereto.

**NOTE:** Reverse Bungee is not permitted in Nebraska

**Proof of Liability Insurance - If an event provides insurance for an event, then each ride covered under the event organizer's insurance must be reinspected and permitted by a State of Nebraska amusement ride inspector. Indicate this above by using an asterisk (*) next to the Event Name.**

I certify the information provided is correct.

Printed Name and Title _____ Signature _____ Date _____